



# Open Enrollment 2014

# New for 2014

- ▶ Same-Sex Domestic Partners will be eligible
  - Documentation requirements can be found on the enrollment website
- ▶ New Health Plan Option
  - More choice for you
- ▶ Enhanced Wellness Program
  - Spouses will have the opportunity to participate
  - Additional way to earn credits



# Affordable Care Act (ACA)

## – How Does It Effect Us?

- ▶ The Individual Mandate rule of the ACA requires that everyone have health insurance by 1 / 1 / 14, or be subject to a penalty.
  - Penalty is the greater of \$95 or 1% of income per person for 2014, and will increase to \$695 or 2.5% per person by 2016.
  - Both Plan options offered by the City of South Bend meet and exceed the individual mandate coverage requirement of the ACA.



# The Cost of Your Benefits

- ▶ The annual cost of your health insurance benefits is projected to be approximately \$11,500 per employee in 2014
- ▶ 26% increase to the City of South Bend's overall health plan costs for 2014
  - Rising claims
  - Additional taxes and mandates due to the Affordable Care Act



# How Can We Control the Rising Cost of Health Care ?

## ► Improved Health

- Better health costs less
- Encourage all family members to be healthier

## ► Smarter Consumers of Health Care

- Make decisions as if you're spending your own money
- Know the value of treatments & medications you are receiving and ask for options
- Follow doctor's orders
- **Use the pricing tools available at [www.anthem.com](http://www.anthem.com)**
  - Prices for the same procedure or test can vary by thousands of dollars from one provider to the next
  - Higher price does not always mean higher quality in health care



# Why a New Health Plan Option?

- ▶ Fewer than 30% of us have enough claims to reach our annual deductible
- ▶ Employees have asked for more choices
- ▶ You have the power to keep your out-of-pocket costs low by being a smart consumer and taking care of your health



# 2014 Health Plan Options

- ▶ **Plan A: Current Plan**

- ▶ Traditional PPO Plan with copays

- ▶ **Plan B: New High Deductible Plan with a Health Reimbursement Account (HRA)**

- Higher deductible plan with a spending account that accumulates funds from contributions by the City of South Bend



# High Deductible Health Insurance Plan

- ▶ HRA Insurance Plan for those with– **Single Coverage:**
  - ▶ **Annual Deductible: \$2,500**
    - Claims accumulate to meet the Deductible and, once met, coinsurance applies
  - ▶ **Coinsurance: 80%**
    - the patient pays 20% of the next \$12,500 of claims:  
 $\$12,500 \times 20\% = \$2,500$
  - ▶ **\$2,500 Deductible + \$2,500 Coinsurance = \$5,000 Out-of-Pocket Maximum** for the year.
    - Once the Out-of-Pocket Maximum is met, Anthem generally pays 100% for the remainder of the year.



# HRA Health Insurance Plan Details

- ▶ Family Deductible, Out-of-Pocket Maximum, and HRA Funds are aggregate amounts for the entire family.
  - Can be met/used by any combination of one or more covered person(s) within the family.
  - The single deductible and out-of-pocket maximum do not apply within the family
- ▶ **No Copays**

Office Visits & Prescription Drugs are covered the same as any other expense, subject to the annual deductible, coinsurance, and out-of-pocket maximum
- ▶ **You pay only the Anthem PPO Discounted amount**



# Both Plans for 2014:

- ▶ Cover Preventive Care at 100% – deductible does not apply
- ▶ Have access to the same Anthem Blue Cross PPO network of doctors & hospitals
- ▶ Have an unlimited maximum benefit
- ▶ Cover the same types of services
- ▶ Exclude the same types of services



# Plan Comparison

In-Network Benefits	Option 1 – Current COSB PPO Plan	Option 2 – High Deductible HRA Plan
Annual Deductible – Single	\$750	\$2,500
Annual Deductible – Family	\$2,250 (but no more than \$750 per individual)	\$5,000 (must be fully satisfied by one or more family members)
HRA – Funded by City of South Bend	None	\$500 – Single \$1,000 – Family
Coinsurance	20%	20%
Out-of-Pocket Maximum (including Deductible)	\$3,000 (X 2 Family)	\$5,000 (\$10,000 Family)
Office Visit Copay	\$30 PCP / \$40 Specialist	None – Subject to Deductible & Coinsurance
Urgent Care Copay	\$50	None – Subject to Deductible & Coinsurance
Preventive Care	No Cost	No Cost
Prescription Drugs	20% / 30% / 40% copay	Subject to Deductible & Coinsurance

# How Does the HRA Work?

- ▶ The HRA funds contributed by the City of South Bend are used to pay claims that apply to the annual deductible
- ▶ The full \$500 (single coverage) or \$1,000 (family coverage) are available on January 1<sup>st</sup> to pay claims
- ▶ At the end of the year, unused HRA funds roll-over to the next year, thereby providing an even higher balance to help offset claims in a future year



# How Are Claims Paid?

**Step 1** – Present your Anthem ID Card

**Step 2** – Medical provider will submit to Anthem

**Step 3** – Anthem processes your claim

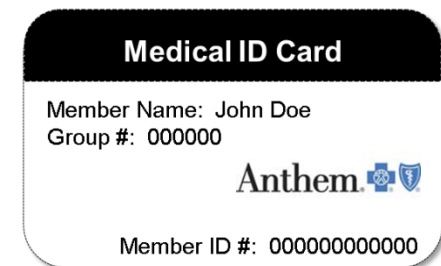
- ▶ Claim is reduced by Anthem PPO Discount
- ▶ Discounted charge is applied to your annual deductible or coinsurance to the out-of-pocket maximum
- ▶ Any available funds in your HRA are used to pay the provider by Anthem
- ▶ Anthem sends an EOB to you & to provider showing any out-of-pocket due from you.

- Prescription Drug claims work a little differently...



# Prescription Drugs with the HRA

- ▶ Present your ID card at the pharmacy.
- ▶ The pharmacy will charge the full discounted price for your medication.
- ▶ Anthem will automatically apply this price toward meeting your annual deductible.
- ▶ Anthem will automatically pay the pharmacy using any available HRA funds you have.
- ▶ After your deductible is met, you pay 20% until your maximum out-of-pocket is met.

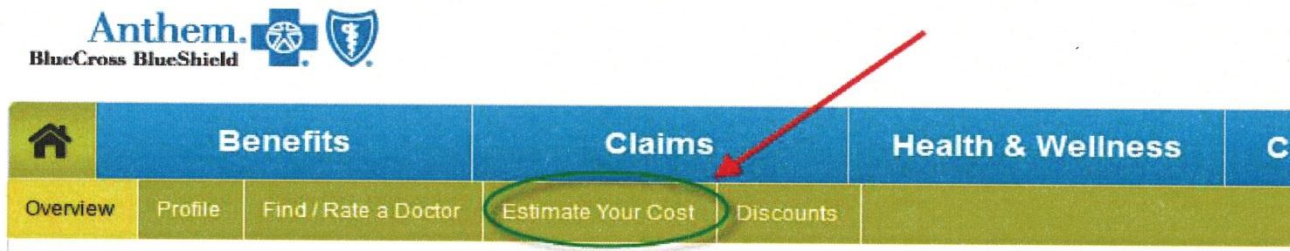


# Tools to Help You

- ▶ For members of the HRA Health Plan, Anthem provides additional services that members of the PPO Plan don't get:
  - 24/7 NurseLine – talk to registered nurses anytime
  - Personalized help managing a condition from a health coach
  - Dedicated customer service representatives to help you understand your claims & HRA, and help you get the most out of your health plan



# Anthem's Cost Comparison Tool



## ► How much does an MRI of the Lumbar Spine Cost?

### – Actual Anthem PPO Price:

Vertical Plus, Mishawaka	\$650
Open & Wide MRI, Elkhart	\$650
South Bend Clinic	\$962
OSMC, Elkhart	\$1,002
Unity Hospital, Mishawaka	\$1,143
Elkhart General	\$2,181
South Bend Memorial/St. Joe	\$2,269
Goshen General Hospital	\$2,366

# Healthy City

- ▶ On-site wellness screenings will again be offered in January and are required for participation in the Wellness Program in 2014
- ▶ Visit [www.healthycitysouthbend.com](http://www.healthycitysouthbend.com)
- ▶ 4 credits required each quarter (3 months)
- ▶ Spouses will have the opportunity to participate in free wellness screenings, and earn a discount on the premium contribution you pay for spouse coverage



# Spouse Wellness Discount

- ▶ On-Site Health Solutions will provide screenings for spouses at their office in downtown South Bend.
- ▶ Spouses will also need to complete the health questionnaire on the *Healthy City* website.
- ▶ Watch for additional details, including how your spouse can schedule their screening on the *Healthy City* website.
- ▶ Spouses will NOT be required to earn credits to maintain the discount for the remainder of 2014.



# A New Way to Earn Credits in the Wellness Program

You may earn credits in the 2<sup>nd</sup> quarter of 2014 by attaining biometric goals during your screening in January.

Category	Goal	Number of Credits
BMI	Less than 30	1
Blood Glucose	Less than 126	1
Blood Pressure	Less than 140/90	1
Total Cholesterol to HDL Ratio	Less than 5.2	1

- ▶ Credits will automatically be applied to your account in the 2<sup>nd</sup> quarter.
- ▶ Additional credits may be earned the traditional way.



# Dental & Vision Plans

- ▶ Dental & Vision Plans will continue with Cigna
- ▶ Dental & Vision Must be Elected Together
- ▶ Three Dental Plan Options Offered in 2014
  - Plan 1 = DHMO
    - Very limited number of dentists
  - Plan 2 = PPO 2
    - About half of dentists participate
  - Plan 3 = PPO 3/Traditional Plan
    - Best plan for those whose dentist is not participating in the Cigna dental network

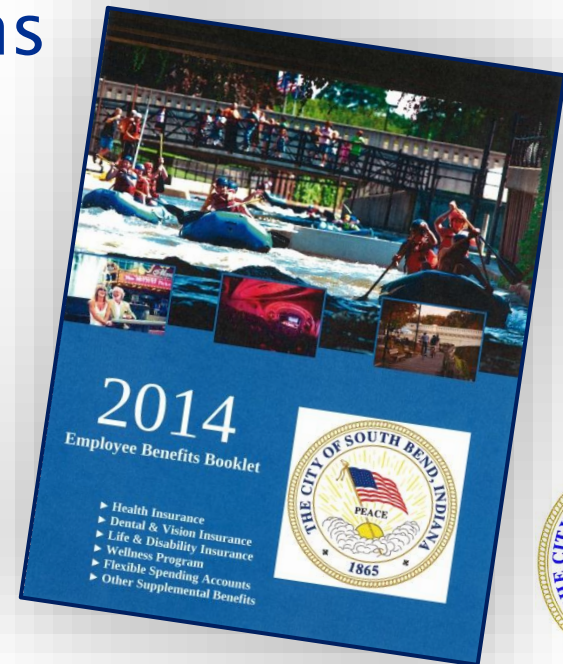


# Enrolling in Your 2014 Benefits

- ▶ Everyone must log into the online system to verify current benefit options or to make changes for 2014.
- ▶ The online system is called BenXpress, it is accessed through your **Wellness**/Asset Health portal
- ▶ Open Enrollment is open Now until November 29
- ▶ Decisions you will need to make:
  - Health Insurance
  - Dental & Vision Insurance
  - Life & Disability Insurance
  - Wellness Program
  - Flexible Spending Accounts
  - Other Supplemental Benefits

# Enrollment is Easy

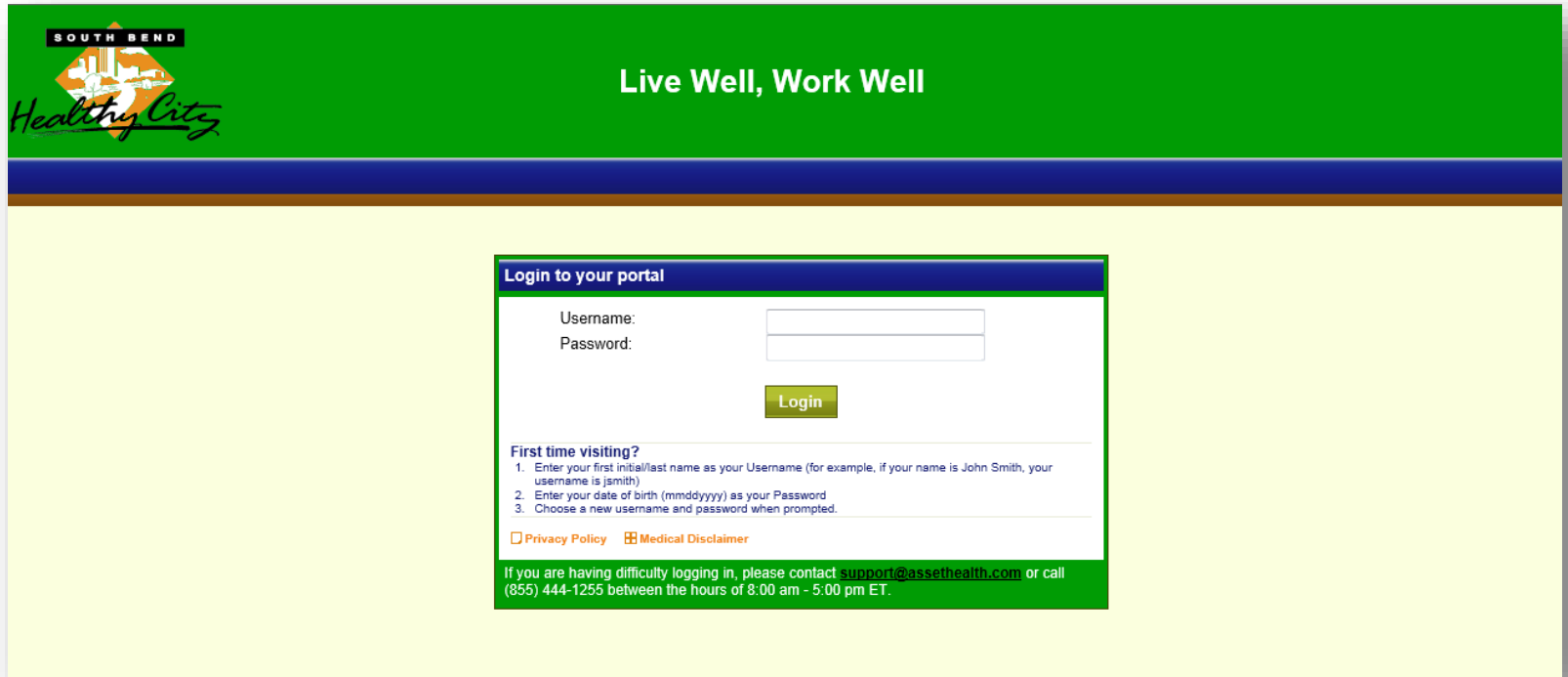
- ▶ Read your 2014 Employee Benefits Booklet
- ▶ Make your benefit decisions for 2014
- ▶ Gather Social Security numbers & birthdays for you and your dependents
- ▶ Go to [www. Assethealthportal.com/csb](http://www.Assethealthportal.com/csb)
- ▶ Make your benefit selections



# How to access BenXpress

1. You enter the BenXpress site through your Healthy City portal
2. Enter in the following web address:  
<https://www.assethealthportal.com/csb>
3. Login using your assigned User ID and password
  - a. Username- First Initial + Last Name (John Doe = jdoe)
  - b. Password-
    - i. If you have already changed your password on the Asset Health portal, use your current password
    - ii. If you have not changed/updated your password, your default password will be your Date of Birth (mmddyyyy = 01011973 for your password) No Dashes

# How to access BenXpress



The screenshot shows a web portal for South Bend Healthy City. The header is green with the text "SOUTH BEND" and "Healthy City" logo. Below the header is a blue bar with the text "Live Well, Work Well". The main content area is yellow and contains a login form titled "Login to your portal". The form has fields for "Username:" and "Password:", a "Login" button, and a section for "First time visiting?" with three numbered instructions. At the bottom of the form are links for "Privacy Policy" and "Medical Disclaimer", and a footer with contact information for support.

**SOUTH BEND**  
*Healthy City*

**Live Well, Work Well**

**Login to your portal**

Username:

Password:

**Login**

**First time visiting?**

1. Enter your first initial/last name as your Username (for example, if your name is John Smith, your username is jsmith)
2. Enter your date of birth (mmddyyyy) as your Password
3. Choose a new username and password when prompted.

[Privacy Policy](#) [Medical Disclaimer](#)

If you are having difficulty logging in, please contact [support@assethealth.com](mailto:support@assethealth.com) or call (855) 444-1255 between the hours of 8:00 am - 5:00 pm ET.

# How to access BenXpress

- ▶ To access Open Enrollment and make your 2014 benefit elections, you will need click on the “[here](#)” link show below in “Section 1”; this will enter you into Open Enrollment. You will make your benefit elections through BenXpress.

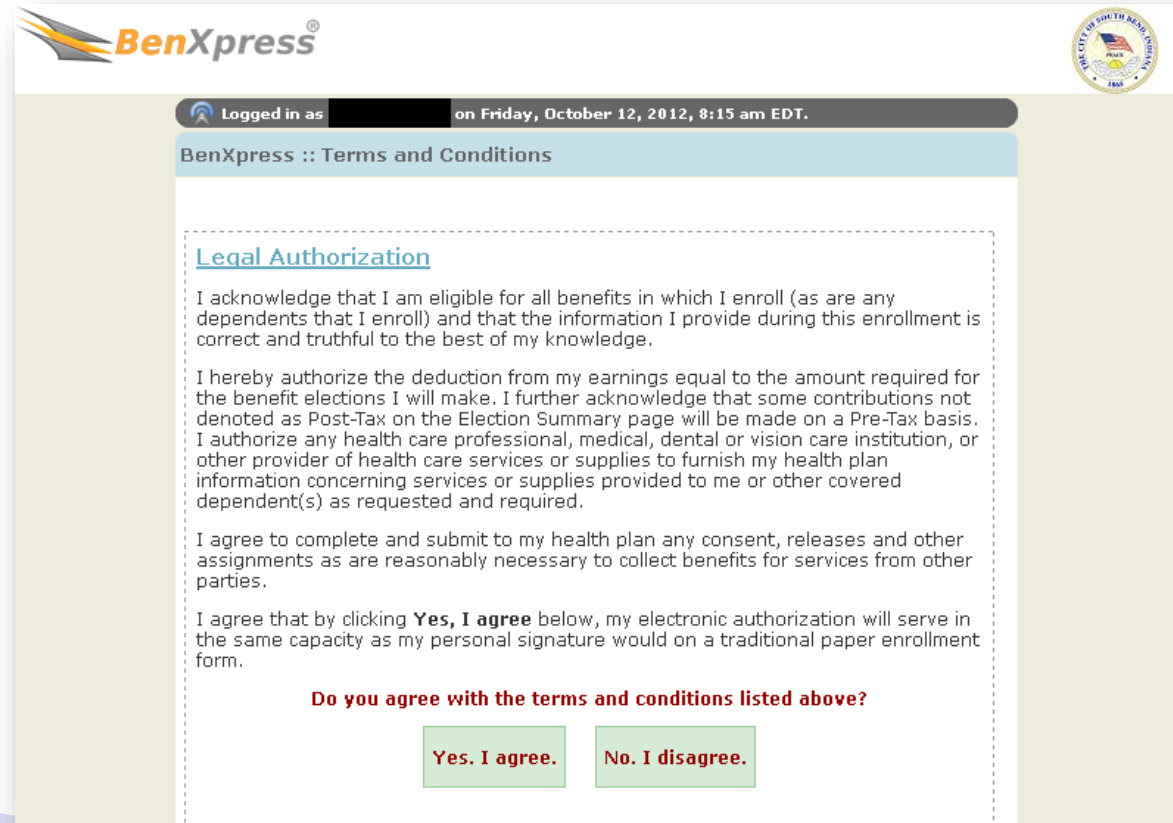
The screenshot shows the BenXpress website interface. At the top, there is a green header with the "SOUTH BEND Healthy City" logo and the text "Live Well, Work Well". Below the header is a blue navigation bar with "Welcome, BenXpress Demo!" and a "Change Password" link. The main content area is divided into several sections:

- My Benefits:** This section features the BenXpress logo and a link that says "Click [here](#) to manage your benefits!". A red arrow points to this link.
- Wellness Program:** This section includes a "Welcome" message and a "Wellness FAQs" link. It also mentions earning extra credit by completing a bonus course.
- Events Schedule:** This section lists upcoming events, including the "COSB Walking Challenge" and "Education on one of the topics on the city portal once a week contest".
- My Credits:** This section displays the user's current credit status, showing "0 CREDITS" and a "Refresh" button. It also includes links for "Health Risk Assessment" and "Wellness Screening".
- Success Stories:** This section provides an overview of user experiences and encourages sharing feedback.

The interface is designed to be user-friendly, with clear navigation and a focus on wellness and community engagement.

# How to access BenXpress

- ▶ You will be asked to read and agree to the Legal Authorization Terms and Conditions before entering the BenXpress system.



The screenshot shows the BenXpress web interface. At the top left is the BenXpress logo. At the top right is the City of South Andover seal. Below the logo is a status bar indicating the user is logged in as 'BenXpress' on Friday, October 12, 2012, at 8:15 am EDT. The main heading is 'BenXpress :: Terms and Conditions'. The content is titled 'Legal Authorization' and contains four paragraphs of text regarding enrollment, authorization of deductions, and agreement to terms. At the bottom, there are two buttons: 'Yes. I agree.' and 'No. I disagree.'

**BenXpress®**

Logged in as BenXpress on Friday, October 12, 2012, 8:15 am EDT.

BenXpress :: Terms and Conditions

Legal Authorization

I acknowledge that I am eligible for all benefits in which I enroll (as are any dependents that I enroll) and that the information I provide during this enrollment is correct and truthful to the best of my knowledge.

I hereby authorize the deduction from my earnings equal to the amount required for the benefit elections I will make. I further acknowledge that some contributions not denoted as Post-Tax on the Election Summary page will be made on a Pre-Tax basis. I authorize any health care professional, medical, dental or vision care institution, or other provider of health care services or supplies to furnish my health plan information concerning services or supplies provided to me or other covered dependent(s) as requested and required.

I agree to complete and submit to my health plan any consent, releases and other assignments as are reasonably necessary to collect benefits for services from other parties.

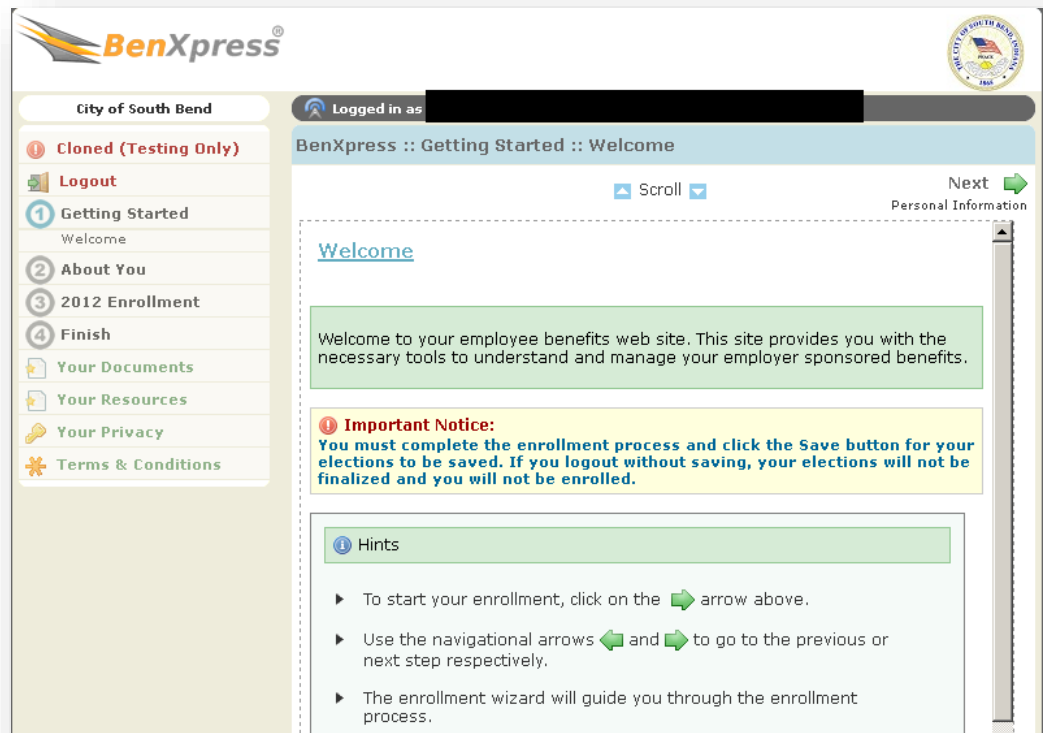
I agree that by clicking **Yes, I agree** below, my electronic authorization will serve in the same capacity as my personal signature would on a traditional paper enrollment form.

**Do you agree with the terms and conditions listed above?**

**Yes. I agree.** **No. I disagree.**

# The Welcome Screen

- ▶ The “Welcome Screen” will provide you with instructions on how to navigate through the BenXpress system
- ▶ This screen will also provide you with important notices for using the system, please be sure to read through all sections in the “Welcome” screen to ensure you do not overlook pertinent information.



# Personal Information Screen

- ▶ Review your personal information.
- ▶ Contact Human Resources if any of the information displayed is incorrect. *You may continue your enrollment online even if your information is incorrect.*
- ▶ If all of the information is correct, click on the “Next” arrow in the top right-hand corner of the screen.


The screenshot shows the BenXpress web application interface. At the top left is the BenXpress logo. Below it, the text "City of South Bend" is displayed. A navigation menu on the left includes links for "Cloned (Testing Only)", "Logout", "Getting Started", "About You" (which is expanded to show "Personal Information" and "Dependents"), "2012 Enrollment", "Finish", "Your Documents", "Your Resources", "Your Privacy", and "Terms & Conditions". The main content area is titled "BenXpress :: About You :: Personal Information". It features a "Previous" button with a left arrow and the text "Welcome", and a "Next" button with a right arrow and the text "Dependents". The "Personal Information" section is highlighted with a blue underline. A green box contains the instruction: "Please review the information below for accuracy." Below this, a list of fields is shown: "Last Name", "First Name", "Middle Name", "Address 1", "Address 2", "City", "State", and "Zip Code". The "Zip Code" field is pre-filled with "00000". A "Hints" link with a star icon is located to the right of the "Personal Information" title.


# Dependent Information Screen


- ▶ Your current dependents (if any) are listed here
- ▶ Click on “Add New Dependents” to enter dependents into the system.
- ▶ PLEASE NOTE: You must add a Spouse and/or Dependents on this screen if you have them, even if you are not covering them under any of your benefits.


[Previous](#) [Next](#)




Personal Information Enrollment Introduction

Dependent Information 

 A dependent is defined as an immediate family member who would be eligible to receive health insurance (spouse and children under 26 years old). This list should include all eligible individuals even those you will not be adding to your insurance. Names must be listed in order to qualify for a medical waiver.

 Required Fields are marked with an asterisk (\*).

 [Add New Dependent](#)

Dependent Name	
	Smith, Jane
	Smith, John
	Smith, Matt

Add New Dependent

SSN \*  
SSN Format  
999-99-9999

Last Name \*

First Name \*

Middle Name

Date of Birth \*  
Date Format  
MM/DD/YYYY

Gender \*

Please Select... ▾

Relationship \*

Please Select... ▾

Fulltime Student

☐ Yes ☒ No

Qualified Support Order

None

Disabled

☐ Yes ☒ No

Add

Cancel


# Dependent Information Screen


- ▶ Continue clicking on “Add New Dependent” until your spouse/dependent(s) have been added.
- ▶ Once spouse/dependent(s) have been added, click on the “Next” Arrow.


[Previous](#) [Next](#)


Personal Information Enrollment Introduction




### Dependent Information

 Hints

 A dependent is defined as an immediate family member who would be eligible to receive health insurance (spouse and children under 26 years old). This list should include all eligible individuals even those you will not be adding to your insurance. Names must be listed in order to qualify for a medical waiver.

 Required Fields are marked with an asterisk (\*).

 [Add New Dependent](#)

Dependent Name	
	Smith, Jane
	Smith, John
	Smith, Matt

Add New Dependent

SSN \*  
SSN Format  
999-99-9999

Last Name \*  
First Name \*  
Middle Name  
Date of Birth \*  
Date Format  
MM/DD/YYYY

Gender \*  
Relationship \*

Please Select...

Please Select...

Fulltime Student  
Qualified Support Order  
Disabled

☐ Yes ☒ No

☐ None

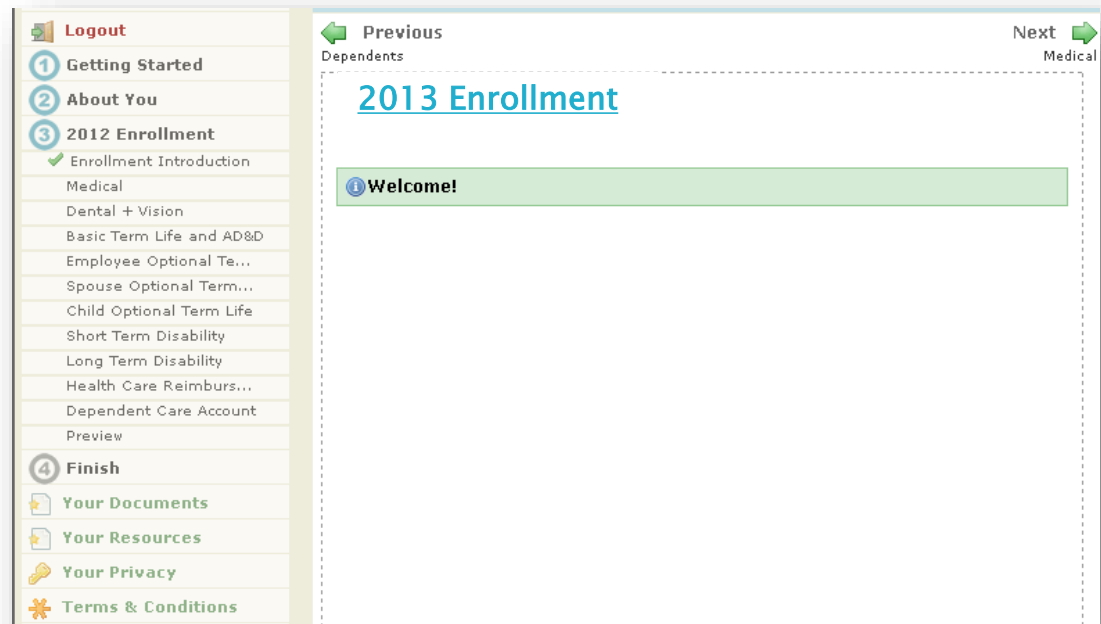
☐ Yes ☒ No

Add

Cancel

# Enrollment Screen

- ▶ You will be able to **review** your 2013 enrollment information.
- ▶ Click on the “Next” arrow at the top right hand corner of the screen to be directed to the “Welcome Screen”.
- ▶ Now, you will begin your 2014 enrollment.



# Spouse Wellness Participation Intention

Check the box to indicate if your Spouse or Domestic Partner intends to complete the biometric screening to participate in the wellness program in 2014.

Or click, “Not Applicable” if you do not cover a spouse or domestic partner.

The screenshot shows the BenXpress Test interface for the City of South Bend. The user is logged in as Josh Smith on behalf of Thomas Abell. The page is titled 'BenXpress :: 2014 Enrollment :: Start'. The left sidebar contains a navigation menu with options like 'EZ Enroll (off)', 'Logout', and a list of enrollment steps. The main content area is titled 'Spouse/Domestic Partner Wellness Plan Participation' and is effective from 01/01/2014. It contains a paragraph explaining the opportunity for spouses/domestic partners to participate in the wellness program, followed by a list of requirements: complete a free, confidential health screening; complete the health risk appraisal questionnaire; and meet all participation requirements. A 'Please Note' section states that if the spouse/partner participates, the user will pay a lower medical premium, but if they do not, the user will be responsible for the higher premium. At the bottom, there are three radio button options: 'Yes', 'No', and 'Not Applicable (I do not have a spouse or domestic partner)'. The 'Next' button is labeled 'Medical'.

City of South Bend

BenXpress® Test

Logged in as Josh Smith on behalf of Thomas Abell on Friday, November 8, 2013, 2:33 pm.

BenXpress :: 2014 Enrollment :: Start

Previous Enrollment Introduction

Next Medical

**Spouse/Domestic Partner Wellness Plan Participation**  
Effective: 01/01/2014

For the 2014 plan year, spouses/domestic partners will have the opportunity to participate in the City of South Bend's wellness program. Spouses/Domestic Partners will not be required to earn points, but will be required to complete the biometric screening process and complete the online Health Risk Questionnaire during the month of January. If you do not have a spouse or eligible domestic partner, please select "Not Applicable" in the choices below. If you do have a spouse or eligible domestic partner, please provide a "yes" or "no" answer for their intended participation in the 2014 Wellness Program. The Wellness Program will require your spouse/domestic partner to:

- Complete a free, confidential health screening
- Complete the health risk appraisal questionnaire
- Meet all participation requirements for the wellness program

Watch for additional information on the Health City website in December for details on when and where the confidential health screening may be completed.

**Please Note:** I understand that if my spouse/domestic partner participates in the 2014 wellness program I will pay a lower medical premium. I also understand that if I indicate that my spouse/domestic partner plans to participate and does not, I will be responsible for the higher premium.

☐ Yes

☐ No

☐ Not Applicable (I do not have a spouse or domestic partner)

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# Medical Plan Election


2	About You
3	2012 Enrollment
✓	Enrollment Introduction
	Medical
	Dental + Vision
	Basic Term Life and AD&D
	Employee Optional Term...
	Spouse Optional Term...
	Child Optional Term Life
	Short Term Disability
	Long Term Disability
	Health Care Reimburs...
	Dependent Care Account
	Preview
4	Finish
📄	Your Documents
📄	Your Resources
🔑	Your Privacy
✱	Terms & Conditions

## Medical

Effective: 01/01/2014

 [Add/Change Dependents](#)

 Please select your coverage option:

 Please select the dependents you wish to cover. If you need to add or change dependents, either click on [Add/Change Dependents](#) at the top of this page or the [Edit Dependents](#) icon below.

### Covered Dependent(s)

No Dependents Listed

### Blue Access PPO

Tier	Per Pay Pricetag
<input type="radio"/> Single	\$45.76
<input type="radio"/> EE + Child(ren)	\$66.40
<input type="radio"/> EE + Spouse	\$79.72
<input type="radio"/> Family	\$85.18

# Dental and Vision Plan Election

- ▶ Select the spouse/dependent(s) in Section 1 that you wish to cover under your medical plan
- ▶ Select the coverage tier that matches the dependents to be covered in Section 2
- ▶ Click the “Next” arrow

The screenshot shows a web interface for selecting a dental and vision plan. On the left is a navigation menu with four main sections: 1. Getting Started, 2. About You, 3. 2012 Enrollment, and 4. Finish. Under '2012 Enrollment', 'Medical' is selected. The main content area is titled 'Medical' and 'Basic Term Life and AD&D'. It features a link for 'Dental + Vision' with an effective date of 01/01/2012 and an 'Add/Change Dependents' button. Two instructions are provided: 'Please select your coverage option:' and 'Please select the dependents you wish to cover. If you need to add or change dependents, either click on Add/Change Dependents at the top of this page or the Edit Dependents icon below.' Below these is a section for 'Covered Dependent(s)' which currently shows 'No Dependents Listed'. Two plan options are displayed: 'PPO 1' and 'PPO 3'. Each has a table of tiers and their corresponding per pay pricetags.

PPO 1	
Tier	Per Pay Pricetag
<input type="radio"/> Single	\$15.33
<input type="radio"/> EE + 1	\$37.66
<input type="radio"/> EE + 2 or More	\$61.11

PPO 3	
Tier	Per Pay Pricetag
<input type="radio"/> Single	\$21.33
<input type="radio"/> EE + 1	\$49.69
<input type="radio"/> EE + 2 or More	\$79.44

# Basic Term Life and AD&D

- ▶ You are automatically enrolled in the employer paid Basic Term Life and AD&D
- ▶ You will be required to enter your beneficiary information

**Getting Started**

- 1 Getting Started
- 2 About You
- 3 2012 Enrollment
  - ✓ Enrollment Introduction
  - ✓ Medical
  - ✓ Dental + Vision
    - Basic Term Life and AD&D
    - Employee Optional Term...
    - Spouse Optional Term...
    - Child Optional Term Life
    - Short Term Disability
    - Long Term Disability
    - Health Care Reimburs...
    - Dependent Care Account
    - Preview
- 4 Finish
  - Your Documents
  - Your Resources
  - Your Privacy
  - Terms & Conditions

**Dental + Vision** **Employee Optional Term Life**

**Basic Term Life and AD&D**  
Effective: 01/01/2012

Please select your coverage option:

Option	Volume	Annual Imputed Income	Per Pay Pricetag
<input checked="" type="radio"/> 1x Annual Salary	\$35,000	\$0.00	\$0.00

**Basic Term Life and AD&D**  
Effective: 01/01/2012

Please select your coverage option:

**Notice**

1 Your **Basic Term Life and AD&D** election requires you to assign at least 1 beneficiary before you proceed.  
Click here to assign beneficiaries

ok

- ▶ Make sure you click “save” after you are done entering your beneficiary information

**Cancel** **Save**

**Beneficiary Information**

Please review your beneficiary designations below for accuracy.

1 Required Fields are marked with an asterisk (\*).

**Basic Term Life and AD&D**

**Add New Beneficiary**

Primary	Split % Equally:						
<table border="1"><thead><tr><th>Beneficiary Name</th><th>Type</th><th>Percentage</th></tr></thead><tbody><tr><td colspan="3">1 None Listed</td></tr></tbody></table>	Beneficiary Name	Type	Percentage	1 None Listed			
Beneficiary Name	Type	Percentage					
1 None Listed							

Secondary	Split % Equally:						
<table border="1"><thead><tr><th>Beneficiary Name</th><th>Type</th><th>Percentage</th></tr></thead><tbody><tr><td colspan="3">1 None Listed</td></tr></tbody></table>	Beneficiary Name	Type	Percentage	1 None Listed			
Beneficiary Name	Type	Percentage					
1 None Listed							

# Optional Employee Term Life

- ▶ Select the volume of optional life coverage or you can also choose to waive coverage.
- ▶ If you already are enrolled in the Optional Life and do not wish to make any changes, you do not need to make any selections.
- ▶ Based on the plan policy, you may be required to turn in Evidence of Insurability forms (EOI).

The screenshot shows a web-based selection interface for 'Employee Optional Term Life'. At the top, there are navigation links: 'Previous' (with a left arrow) and 'Next' (with a right arrow). Below these, the text 'Basic Term Life and AD&D' is on the left and 'Spouse Optional Term Life' is on the right. The main heading is 'Employee Optional Term Life' in blue, with 'Effective: 01/01/2012' in red below it. To the right of the heading is a link 'Add/Change Beneficiaries' with a person icon. A green box with an information icon contains the text 'Please select your coverage option:'. Below this is a table with two columns: 'Option' and 'Per Pay Pricetag'. The table lists several options, with 'Waive Coverage' selected by default.

Option	Per Pay Pricetag
<input checked="" type="radio"/> Waive Coverage	\$0.00
<input type="radio"/> \$25,000	\$1.00
<input type="radio"/> \$50,000	\$2.00
<input type="radio"/> \$75,000	\$3.00
<input type="radio"/> \$100,000	\$4.00
<input type="radio"/> \$125,000	\$5.00
<input type="radio"/> \$150,000	\$6.00
<input type="radio"/> \$175,000	\$7.00
<input type="radio"/> \$200,000	\$8.00

# Spouse Optional Term Life

- ▶ If you have a spouse you wish to enroll into a voluntary life plan, you will be able to do so at this screen.
- ▶ If your spouse is currently enrolled and you do not wish to make any changes, you do not need to make any selections.
- ▶ If you do not have a spouse entered, you will automatically be defaulted to “waive coverage”
- ▶ Based on the plan policy, you may be required to turn in Evidence of Insurability forms (EOI).

**Spouse Optional Term Life**  
Effective: 01/01/2012

[Add/Change Dependents](#)

Please select your coverage option:

You are required to enroll in Employee Optional Term Life in order to enroll in Spouse Optional Term Life.

Please select the dependents you wish to cover. If you need to add or change dependents, either click on Add/Change Dependents at the top of this page or the Edit Dependents icon below.

**Covered Dependent(s)**  
No Dependents Listed

Waive Coverage	
Tier	Per Pay Pricetag
<input checked="" type="radio"/> Waive Coverage	\$0.00

\$25,000	
Tier	Per Pay Pricetag
<input type="radio"/> Spouse	\$1.00

# Child Optional Term Life

- ▶ If you have a child dependent you wish to enroll into a voluntary life plan, you will be able to do so at this screen.
- ▶ If you do not have a child dependent entered, you will automatically be defaulted to “waive coverage”.

Previous Spouse Optional Term Life Scroll Next Short Term Disability

**Child Optional Term Life**  
Effective: 01/01/2012 Add/Change Dependents

Please select your coverage option:

You are required to enroll in Employee Optional Term Life in order to enroll in Child Optional Term Life.

Please select the dependents you wish to cover. If you need to add or change dependents, either click on Add/Change Dependents at the top of this page or the Edit Dependents icon below.

**Covered Dependent(s)**  
No Dependents Listed

Waive Coverage	
Tier	Per Pay Pricetag
<input checked="" type="radio"/> Waive Coverage	\$0.00

# Short and Long Term Disability

- ▶ If you are in a benefit group eligible for Short Term Disability and Long Term Disability, you will be automatically enrolled into these Employer Paid benefits.

Previous Next

Child Optional Term Life Long Term Disability

[Short Term Disability](#)  
Effective: 01/01/2012

Please select your coverage option:

Option	Per Pay Pricetag
<input checked="" type="radio"/> \$250/week	\$0.00

Previous Next

Short Term Disability Health Care Reimbursement Account

[Long Term Disability](#)  
Effective: 01/01/2012

Please select your coverage option:

Option	Est. Benefit Amount	Per Pay Pricetag
<input checked="" type="radio"/> 60% of Monthly Earnings to \$5,000/month	\$1,709	\$0.00

# Flexible Spending Accounts

- ▶ On these screens, you will be able to enter in any contributions to your Health Care Account Reimbursement and Dependent Care Reimbursement Account.
- ▶ Your maximum contribution level will be dictated by single/family status.

← Previous  
Health Care Reimbursement Account

Next →  
Preview

Dependent Care Account  
Effective: 01/01/2012

Please select your contribution amount:

Employee Contribution Summary  
As of 01/01/2012

To set your contribution, [click here](#).

Per Pay Contribution*	\$0.00
Annual Contribution	\$0.00

← Previous  
Long Term Disability

Next →  
Dependent Care Account

Health Care Reimbursement Account  
Effective: 01/01/2012

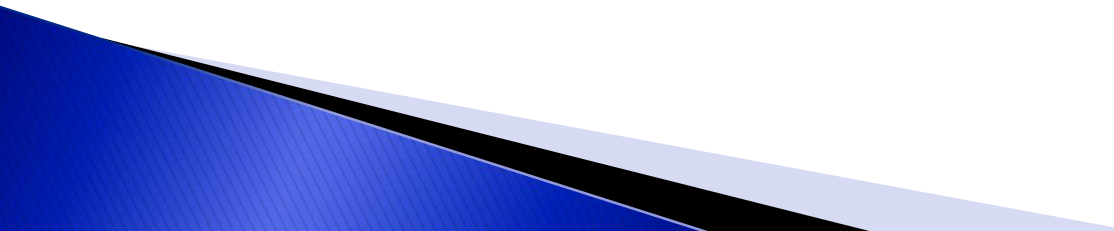
Please select your contribution amount:

Employee Contribution Summary  
As of 01/01/2012

To set your contribution, [click here](#).

Per Pay Contribution*	\$0.00
Annual Contribution	\$0.00

# Supplemental Benefits Through UNUM

- ▶ If you wish to enroll or make any changes to your coverage through UNUM, click the link provided to be redirected to the UNUM site.
  - ▶ If you have any questions regarding your UNUM coverage, call UNUM customer service at 800-635-5597
- 

# Summary Screen

- ▶ At the summary screen, you will need to review all of the elections you selected for accuracy.
- ▶ If you need to change the election you made for a benefit, click on the benefit name make your new election, and click “save” to be advanced to the summary screen.
- ▶ Once you have confirmed all of the benefits are accurate, click on the “SAVE elections”

Previous Dependent Care Account Scroll SAVE Elections

### 2014 Enrollment Preview

Please review your elections for accuracy.

You may change your election by clicking on the name of the benefit below.

To finalize your changes and view a new confirmation statement, you must click on the SAVE Elections icon above.

Option	Tier	Per Pay	Annual
<b>Medical</b>			Effective on 01/01/2012
Waive Coverage		\$65.00	\$1,560.00
<b>Dental + Vision</b>			Effective on 01/01/2012
Waive Coverage		\$0.00	\$0.00
<b>Basic Term Life and AD&amp;D</b>			Effective on 01/01/2012
1x Annual Salary		\$0.00	\$0.00
<b>Employee Optional Term Life (Post-Tax Deduction)</b>			Effective on 01/01/2012
Waive Coverage		\$0.00	\$0.00
<b>Spouse Optional Term Life (Post-Tax Deduction)</b>			Effective on 01/01/2012
Waive Coverage		\$0.00	\$0.00
<b>Child Optional Term Life (Post-Tax Deduction)</b>			Effective on 01/01/2012
Waive Coverage		\$0.00	\$0.00
<b>Short Term Disability</b>			Effective on 01/01/2012
\$250/week		\$0.00	\$0.00
<b>Long Term Disability</b>			Effective on 01/01/2012
60% of Monthly Earnings to \$5,000/month		\$0.00	\$0.00
<b>Health Care Reimbursement Account</b>			Effective on 01/01/2012

# Confirmation Page

- ▶ This is the final enrollment screen; please click on the link provided to print out your confirmation statement.
- ▶ IMPORTANT: Select “Open” (not “Save”)—the document will open as a PDF and you may either save it to a USB Jump Drive (Flash Drive) or print. Saving the document is not recommended as it will allow other users of the computer to view your confidential information.
- ▶ Click on “logout” to end your enrollment session.

